



RHODE ISLAND
MEDICAL SOCIETY

September 28, 2018

Nicole Alexander-Scott, MD, MPH
Director, Rhode Island Department of Health
Three Capitol Hill
Providence, RI 02908

Re: 216-RICR-20-10-2

Dear Dr. Alexander-Scott:

The Rhode Island Medical Society is supportive of the currently proposed changes to the RI DOH EMS Rules and Regulations, with one particular exception. That exception is the omission of language specifying the requirement for and expectations of a qualified Physician Medical Director for each EMS Service. Without requiring an EMS Physician Medical Director and delineating their responsibilities and expectations, the citizens of this state are not assured of a minimum level of oversight, training, and consistency across EMS Services.

Physician oversight of Emergency Medical Services is an integral component of any EMS system, recognized as one the key attributes of an EMS system by the NHTSA EMS Agenda for the Future. High quality medical direction is supported by position statements authored by the National Association of EMS Physicians¹, the National Association of EMTs, the National Registry of EMTs and the American College of Emergency Physicians, and others. See citations below.

Recently the Ambulance Service Coordinating Advisory Board completed a thorough review of the existing EMS regulations and unanimously approved guidelines for physician medical direction and other important changes for inclusion in the rules and regulations. As you are aware, subsequent events precipitated an additional evaluation of these changes. After this additional evaluation, all of the originally recommended changes were included in the recently revised proposed regulations, *except* for language requiring ambulance service medical direction and associated expectations.

We believe it is necessary to have qualified physician led, meaningful, medical oversight of EMS to ensure such activities as Continuous Quality Improvement of patient care, training, remediation and recertification of prehospital providers, to review and approve of *medical* equipment, as well as to oversee and regulate medication administration, including controlled substances.

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We emphatically ask that the Department of Health either amend the current proposal to include physician medical direction with language similar to that proposed by the ASCAB or to promptly initiate the process to add such requirements to the EMS regulations as soon as possible.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Bradley J. Collins', followed by the printed text 'MD FACP FHM'.

Bradley J. Collins, MD, FACP, FHM
President

ⁱ Prehospital emergency care, 21(2), pp 281-282

Sources and Policy Statements

NAEMT: http://www.naemt.org/docs/default-source/advocacy-documents/positions/3-30-10_Medical_Direction_in_EMS.pdf?sfvrsn=0

NAEMSP and NREMT Clinical Credentialing Policy Statement: (2017) Clinical Credentialing of EMS Providers, Prehospital Emergency Care, 21:3, 397-398

ACEP Position Statement: <https://www.acep.org/patient-care/policy-statements/the-role-of-the-physician-medical-director-in-emergency-medical-services-leadership/#sm.0001sy6fta9vkekduz21uqlq0106c>

IAFF: <http://www.iaff.org/tech/PDF/EMSSystemPerformanceMeasurement.pdf>

FEMA: https://www.usfa.fema.gov/downloads/pdf/publications/handbook_for_ems_medical_directors.pdf

NFPA: <https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=450>

IAFC: <https://www.nfpa.org/codes-and-standards/all-codes-and-standards/list-of-codes-and-standards/detail?code=450>